

INFORMATION AND RELEASE SHEET

Student _____
Address _____
City _____ State _____ Zip _____
Age _____ DOB _____
Home # _____ Cell # _____
Mother's name _____ Phone _____
Father's name _____ Phone _____
E-mail _____
Nanny/Guardian _____

Please list any physical and/or social conditions which may affect students ability in class. Please consult with instructor before starting class. _____

I/we hereby release and discharge Tammy Brenner and her employees, agents, instructors, from all liability, demands, claims, actions or causes of action for injuries, damages and loses of any kind or nature whatsoever, known or unknown, past, present, and future, which arise from or relate to any class offered by Tammy Brenner.

In the event that I or my child should require emergency medical attention in connection with any class offered by Tammy Brenner, I hereby authorize Tammy Brenner and her employees, agents or instructors to contact the appropriate medical personnel. I further consent and authorize any such physician, surgeon and/or EMT to administer any and all emergency care medical care and treatment which the physician, surgeon and/or EMT deems reasonable, necessary and appropriate for my treatment or the treatment of my child. I/we further authorize the transfer of myself or my child by ambulance or helicopter for treatment, if such treatment is deemed reasonable, and appropriate by the attending medical personnel. I further understand that Tammy Brenner will have no liability for any medical services requested or provided to my self or my child.

I/we understand that a reasonable effort will be made to contact a guardian or responsible party in the event medical attention is necessary. However, if no contact is made reasonable medical attention will be sought.

Signature _____ Date _____.

Class day(s) and time(s) _____